

Best Available Copy

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/423131

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	1		1			
5		1		1		
6		1		1		
7		2		1		
8		(1)		1		
9	1		1			
10	1		1			
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TOTAL IND.	4		4			
TOTAL DEP.	8		6			
TOTAL CLAIMS	12		10			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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